

FILED**Mar 14, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION**
ANNUAL REPORT

DOCUMENT # P93000018594 1. Entity Name HANDY MARKETING, INC.			
Principal Place of Business HANDY MARKETING INC 8837 S.W. 19TH ST. BOCA RATON, FL 33433 US		Mailing Address HANDY MARKETING INC 8837 S.W. 19TH ST. BOCA RATON, FL 33433 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LEOPOLD, KAREN S 20801 BISCAYNE BLVD SUITE 501 NORTH MIAMI BEACH, FL 33180		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, A E 2620 NW 10TH ST DELRAY BEACH, FL 33445		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, ELSIE 2620 NW 10TH ST DELRAY BEACH, FL 33445		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIMON, SPENCER 8837A SW 19TH STREET BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Spencer Simon V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/14/05 <u>561-558-2917</u> <small>Date Daytime Phone #</small>	



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0394064** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required000000261498
03/14/05-80013-019 150.00